

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027570

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 125

FILED JUL 26 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CarthageLength of stay in lb
11 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION McCune-Brooks hospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Jasper

admission)

c. CITY
OR TOWN

Carthage

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

532 W. Highland Ave

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WILLIAM

CASPER

SNIDER

4. DATE
OF DEATH

Month

Day

Year

July 17 - 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-15-79

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ret. custodian

10b. KIND OF BUSINESS OR INDUSTRY

schools

11. BIRTHPLACE (City and state or country)

Jonesboro, Tenn

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Daniel Snider

13b. MOTHER'S MAIDEN NAME

Rachel Hale

14. NAME OF HUSBAND OR WIFE

Margaret Sanders Snider

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jane Snider, 532 W. Highland, Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis - Cardio

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Vascular Disease - Myocardial de-

DUE TO (c)

generation

INTERVAL BETWEEN
ONSET AND DEATH

3 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Senility

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug 1951 to 7-17-62

and last saw him alive on July 14, 62

Death occurred at

10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

1515 Hazel, Carthage, Mo

22c. DATE SIGNED

7-17-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

7-19-62

23c. NAME OF CEMETERY OR CREMATORY

Raymore Cemetery

23d. LOCATION (City, town, or county)

Raymore, Mo.

24. FUNERAL DIRECTOR

ADDRESS

KNELL MORTUARY, Carthage, Mo

25. DATE RECD. BY LOCAL REG.

7-18-62

26. REGISTRAR'S SIGNATURE

EJ Chitum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frankie Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.